



# NOTICE TO CUMBERLAND COUNTY HOMEOWNERS!

The County of Cumberland Will Receive Funding Through A Grant From The New Jersey Department Of Community Affairs For The Purpose Of Repairing or Replacing Private Septic Systems To Low And Moderate Income Homeowners.

## NEED YOUR SEPTIC SYSTEM REPLACED?

The Small Cities Housing Rehabilitation Program may be able to help. Read about how you may be able to obtain a repair loan with no interest and no monthly payments!!!

### Type of Loan & Terms

Loans are issued in the form of “deferred loans”. Loan funds are secured by a mortgage note held by the County of Cumberland. Under most circumstances, **when the deed of the property is transferred from the original applicant, the loan is repaid to the County.** At no time are monthly payments required or interest added.



**The purpose of this Housing Rehabilitation program is to assist owner-occupied; income eligible homeowners rehab their private septic system.**

## Homeowner Eligibility

To qualify, the applicant must meet the following eligibility requirements:

- **Must Be A Full-Time Resident**
- **Real Estate Taxes And Municipal Utilities Must Be Current**
- **Homeowner’s And Flood Insurance Must Be Valid (If Applicable)**
- **Gross Annual HOUSEHOLD Income Must Be Less Than 80% Of The Median Income Limit**
- **Property Cannot Have An Existing Small Cities Lien**

*Income Guidelines are listed below*

## HUD Income Guidelines 2020

Income Level	Persons Per Household							
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Low	\$25,700	\$29,400	\$33,050	\$36,700	\$39,650	\$42,600	\$45,550	\$48,450
Moderate	\$41,100	\$47,000	\$52,850	\$58,700	\$63,400	\$68,100	\$72,800	\$77,500

If you are interested in being considered for this program, please contact Tanya Bellamy or Lyanessa Rodriguez, Triad Associates at (856) 690-9590 or via email at [tbellamy@triadincorporated.com](mailto:tbellamy@triadincorporated.com) or [lrodriguez@triadincorporated.com](mailto:lrodriguez@triadincorporated.com)

**HR-2 APPLICATION FOR REHABILITATION ASSISTANCE  
HOUSING REHAB PROGRAM**

**APPLICANT INFORMATION**

Owner (Last Name First) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Co-Owner (Last Name First) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Mailing Address if different from Street Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**STATISTICAL DATA:**

\_\_\_\_\_  Yes  No  Yes  No  
Date of Birth Age 60 and over? Handicapped/Disabled

Racial Description (check one)

Black  White  Asian or Pacific Islander  American Indian or Alaskan Native  
 Hispanic  Other

**You Must Report All Persons Living In Your Household**

**Name and age of others living in household:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Have you ever received State or Federal Rehabilitation Funds before: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Give name of program, amount and date \_\_\_\_\_

Are there any children under the age of 7 years residing in the household?  **Yes**  **No**

Are there any children under the age of 7 years old with an identified elevated blood lead (EBL) level residing in the household?  **Yes**  **No**

**Do you have a reverse mortgage?**  **Yes**  **No**

Are you or any household member related to any government official or employee of your municipality? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If so, give names of person(s) related and their official title:

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**INCOME DATA** (You must report **all income received for all household members**)

**EMPLOYMENT:**

**Applicant:**

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Name and Address of Employer (If you work for more than one employer, state name and address and total income below)

Position: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Gross Income \$ \_\_\_\_\_ Check One: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

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**#2 Other Household Members:**

Name \_\_\_\_\_

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Name and Address of Employer (If you work for more than one employer, state name and address and total income below)

Position: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Gross Income \$ \_\_\_\_\_ Check One: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

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**#3 Other Household Members:**

Name \_\_\_\_\_

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Name and Address of Employer (If you work for more than one employer, state name and address and total income below)

Position: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Gross Income \$ \_\_\_\_\_ Check One: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

**IF ADDITIONAL HOUSEHOLD MEMBERS ARE EMPLOYED, PLEASE ATTACH ANOTHER SHEET AND PROVIDE EMPLOMENT INFORMATION**

**OTHER INCOME**

Name _____	Social Security \$ _____	Pension \$ _____	
	Welfare \$ _____	Child Support \$ _____	
Explain Other _____	Unemployment \$ _____	Disability \$ _____	
_____	Interest, Stocks, Bonds \$ _____	Other \$ _____	

Name _____	Social Security \$ _____	Pension \$ _____	
	Welfare \$ _____	Child Support \$ _____	
Explain Other _____	Unemployment \$ _____	Disability \$ _____	
_____	Interest, Stocks, Bonds \$ _____	Other \$ _____	

Please list all checking and savings accounts including CDs, Money Market Funds, Mutual Funds, Stocks and Bonds and other assets held by financial institutions:

Name & Address of Financial Institution	Account Number	Current Value	Annual Income

**PROPERTY INFORMATION**

\_\_\_\_\_  
**Name of Owner(s)** as it Appears on the Property's Deed

Year the home was built? \_\_\_\_\_

Is there a Mortgage on the Property? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 Original Mortgage Amount      Approximate Present Balance      Monthly Payment

**List the repairs that you believe require rehabilitation through this program:**

\_\_\_\_\_

\_\_\_\_\_

**Acknowledgment:**

**This is to certify that all statements made in my application are true to the best of my knowledge. I understand that failure to report all income on all household members can result in the denial to participate in the rehabilitation program.**

**I understand that I can withdraw my application at any time, but will be assessed for all program activity to date, including costs for the work write-up and property inspection, risk assessment, and all administrative costs incurred. A lien will be assessed against the homeowner's property if payment is not forthcoming. *This provision is in accordance with the Policy and Procedural Manual adopted for this program by the municipality and approved by the New Jersey department of Community Affairs.***

\_\_\_\_\_  
**Signature of Homeowner**

\_\_\_\_\_  
**Signature of Co-Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

The following items must be returned with this application:

**Please place a check mark in the space provided with the documents you are including with this application.**

**If an item does not pertain to your household place N/A in the space provided.**

- Copy of RECORDED Deed (a recorded deed can be obtained at the county clerks office)**
- Copy of current homeowner's insurance (declaration page)**
- Most recent tax return, all pages and schedules 1040, 1040A, EZ,**
- Most recent pay stubs, 4 consecutive (one month), for all who earn income**
- Real Estate Tax Bill**
- Social Security Award Letter for all who collect**
- Pension, Welfare, Disability, etc., award letters for all who collect**
- Bank Statements showing interest, stocks, bonds, etc. for all household members (3 consecutive months - current)**
- Flood insurance where applicable**
- Student ID for children over 16**
- Proof of child support and/or alimony payments received**

<b>OFFICE USE ONLY:</b> Employment Income_____ Other Income_____
Total Household Income_____ Number in Household_____ % of Median_____
Date Approved_____

**This application and all supporting documents can be faxed to (856) 690-5622  
Attn:**